

EMPLOYER'S RETURN OF MAINE INCOME TAX WITHHELD

FORM 941ME LOOSE

QUARTER # 	Withholding Account Number 	1. Maine Income Tax withheld for this quarter 1
Name and Address 		2. Less any semi-weekly payments (from Schedule 1, line 5 below) 2
		3. Amount due with this return 3
		<div style="display: flex; justify-content: space-between;"> <div> Mo. Day Year </div> <div> Mo. Day Year </div> </div>
		Period Covered:

Under penalties of perjury, I certify that the information contained on this return, report and attachment(s) is true and correct.

Date
 Signature
 Title
 Telephone

Reconciliation of 900ME Voucher Payments (See Instructions) Schedule 1

For employers required to remit withholding taxes on a semi-weekly basis.

[illegible]

4. Total Withholding This Quarter (Enter here and on line 1 above)

5. Total Semi-weekly Payments Remitted This Quarter (Enter here and on line 2 above)

CANCELLATION NOTICE

6. Check this box and complete the following section if your business is discontinued or payment of wages permanently ceases.

 FINAL

Reason for cancellation

Make check payable to:
Treasurer, State of Maine

Last Payroll Date: ||_||_|| - ||_||_|| - ||_||_||

Business Sold to (name): _____

Mail to:
Maine Revenue Services
P.O. Box 1061
Augusta, ME 04332-1061

Mo. Day Year

(address): _____

Date Sold: _____

Tel. # _____

Note: Use the Name and Address Change Form (Form 941/C1C-ME) to change your business name or address

Rev. 1/01

Office use only

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